

# EXHIBIT “C”

Invoice Number	Date	Description	Dates of Service	Net Amount
519948-11	08/18/2022	Lewis, Ailsa	08/01/2022-08/14/202	\$794.20
TOTALS:				\$794.20



2121 N 117th Ave  
Suite 200  
Omaha, NE 68164-3629

JPMorgan Chase Bank N.A.

Syracuse, NY  
Syracuse, NY

CHECK NO.

EFT000006020893

DATE	AMOUNT
Oct 3, 2022	\$0.00

Non-Negotiable: Amount transferred Via Electronic Funds Transfer

VOID AFTER 90 DAYS

Pay to the Order of AGAPENURSE HEALTHCARE LLC C/O LENDR FINANCE  
640 NORTH CLARK STREET  
FLOOR 2  
CHICAGO, IL 60654

VOID

Non-Negotiable

MEDEFIS000086

MDF 10-03-22

Ordering/Originating Account Number	000000230799139	Ordering/Originating Account Name	Medefis Consolidated Billing Disb	Branch Location	JPMC NEW YORK (US)	Bank Name	JPMORGAN CHASE BANK, N.A.	Bank ID	0210000021
Company/Entity Name and ID	Medefis Con Bill / 9799139001	Method	ACH Credit	Transaction Category	Corporate/Vendor Payments	Beneficiary Bank Country	UNITED STATES - US	Status	Active

Beneficiary Name		Filter Text Field	APPLY FILTER		RESET	<input type="checkbox"/> Hold All	Total Max Amount --			
<input type="checkbox"/>	Beneficiary Name	Beneficiary ID Number	Status	Hold			Default Payment Amount	Bank ABA Routing	Bank Account Number	Account Type
<input type="checkbox"/>	AGAPENURSE HEALTHCARE	AGAPENURSE HEAL	Entered	<input type="checkbox"/>			794.20	071923909	7244537150	Checking